

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000006530**

1. Entity Name

**MIAMI EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business

**5405 S.W. 87TH AVE  
MIAMI, FL 33165**

Mailing Address

**5405 S.W. 87TH AVE  
MIAMI, FL 33165**



04232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**60-0000873**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ABRAHAM, JAMES M  
5405 SW 87TH AVE  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABRAHAM, JAMES M
STREET ADDRESS	5405 S.W. 87TH AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	CHIN, ALBERT
STREET ADDRESS	9810 SW 215 TERR.
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	D
NAME	SANG, KEITHSON C
STREET ADDRESS	9153 S.W. 206TH STREET
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000760266  
05/25/07-800005-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #